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MERELY THE PATIENT

ENRY HOWARD HARPER

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MERELY THE PATIENT

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By
HENRY HOWARD HARPER

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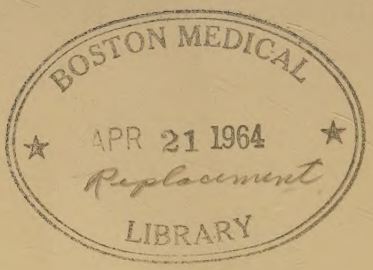

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TO
THE EIGHT DOCTORS
AND NINE NURSES
WHO ASSISTED,
NOT IN WRITING, BUT
IN MAKING THIS BOOK
POSSIBLE

PREFATORY NOTE

By Samuel W. Lambert, M.D.

It is an unusual privilege to look into the mind of a person afflicted with a serious illness and learn the point of view of a patient who, without losing confidence in his medical advisers, questions the when and the wherefore of his treatment.

In this book Mr. Henry H. Harper presents a graphic and realistic picture to the reader. It contains the confessions of a patient to whom the fact is very palpable that his progress from illness to health was not all that he had been persuaded to expect when he entered upon his medical and surgical adventure.

The majority of persons who have experienced only the minor discomforts of an appen-

dectomy or a tonsillectomy may not fully appreciate the underlying importance of this masterpiece which Mr. Harper's skillful pencil has drawn. Their idea of an operation will be confined to a preliminary period of worry and apprehension, an active horror of thirty-six or seventy-two hours of pain and distress, followed by a convalescence of two or three weeks of comfort, of visits by friends, of a world in which the recovered patient is the central object of attention. But Mr. Harper does not present such a commonplace picture; for his convalescence became a disease, and almost a fatal disease at that. One of the chief messages implied in his story is the tribute to his skillful surgeon, and a grateful remembrance of the care and untiring attention which pulled him through a serious blood poisoning, and of the radical method of treatment which became necessary to insure his recovery.

Moreover, the author has written a colorful and humorous description of his clinical

and hospital experiences. There is a pertinent message for every past or prospective patient. After his return from the operating room he was subservient to the restraints of a convalescence from a major operation; he was observant of his symptoms and anxious to communicate his subjective feelings to his medical attendants. He did not exaggerate his discomforts. The post-operative message of this case portrays an interesting and exemplary lesson for every individual, and especially every surgical patient. It is not clear how much of this good behavior is due to overcoming the preliminary antagonism of a man trying to escape a surgical fate, and how much to the breaking down of a strong human will before the inexorable training of a professional habit of thought founded on an unbending scientific routine.

But the most important message in this story of a nephrectomy is perhaps unintentional: it is of importance to the physician himself, and

here is a book which should be read by every member of the medical profession.

The lesson begins at the patient's first encounter with a complete up-to-date routine health examination. His reactions during his journey through a modern clinic are far from placid, and not free from a resentment—expressed with playful seriousness—which any person, lay or professional, can easily understand. The author displays a keen appreciation of the humorous side of the modern system of diagnosticating disease in a scientific manner; although he does not admire the detail. Being a layman, he cannot be expected to follow the relation between the determination of the amount of free hydrochloric acid in a stomach that was digesting everything without known complaint, and a kidney which at times was the seat of a pain. Nor does he realize that he may make a better convalescence if a blood test is made which some scientist unknown to him, has determined can decide whether any ancestor has had hard luck with his diseases.

Mr. Harper describes his experiences from the unusual viewpoint of an invalid's bed, giving the humorous impression that the joke is on him, without realizing that all these jokes, little and big, were training him to go to the operating room with a feeling of elation and courage for the outcome, and there to climb on the operating table unassisted.

But the physician can learn from this story what the author has taught, all unconsciously: he can learn to omit unnecessary examinations made purely for scientific curiosity or record alone, and not for diagnosis; also to listen considerately to the complaints of his patients; to appreciate that a patient's feelings during convalescence may have more value in determining treatment than all the physical signs of disease or of well-being which he can discover by fingers, eyes and ears, or by instruments of greater or less precision; to beware the use of new and non-official remedies, even when endorsed by manufacturers of honest intent; to look twice at remedies which are patented

for the personal profit of an exclusive chemist or sometimes, I regret to say, for pecuniary gain to some member of my profession.

The description of the night before the first operation is much to the point. The patient's experience with the amateur hospital barber gives a vibrant touch of humor to the mystery of preparing for the operating room, which is so apt to develop into a hospital tradition even in the best of organizations; a mystery which is, as likely as not, to hinder the acquiring of a good morale by a patient. Mr. Harper discreetly leaves much to the imagination concerning the gruesome details of his stormy convalescence. But the oft-told tale of the normalcy and expected sequence of such events as a patient is supposed to experience and describe; the account of the bottles of castor oil he was obliged to consume; the tale of the nurse who "died" behind a screen in his room; the tale of the military rounds of hospital service which seem cold but which are necessary, and which really can have a soul hidden

within them; the tale of the prognostic nurse who prophesied the death of the kidney patient in "Number 88;" the tale of the first removal of the surgical dressings after the operation; the tale of the visit of consolation (?) from the official head of a neighboring church, all lend vividness and color to the tragedy and the gaiety of what must have seemed to the author as "one thousand and one nights" of horror and mischance. But throughout the entire melange he seems never to have lost his sense of humor.

Mr. Harper has seen fit to quote my first impressions when I commented on this book shortly after reading the privately printed first edition. I am correctly quoted, for I believe that every young graduate must secure an appreciation of the discomforts of illness if he is to be successful in making his patients comfortable during their sojourn in bed, and their subsequent convalescence. The art of every physician should include much more than a mere cure for his patient. There is no school

like experience, and a personal accident or a febrile disease requiring a stay in bed will do more to educate a physician than all the books that have been printed, or than any service he may carry on in a hospital.

The most engaging story of today is the hard luck medical story; and the human individual, especially among women, is so prone to recite his or her own, or the experience of others, that the ladies' luncheon party in modern society has been well designated "an organ recital."

Mr. Harper enters only one complaint against a member of my profession, and that a justifiable one: his account of the first post-operative dressing should be told to every young medical student as a warning and a threat for them to avoid such a brutal performance. He refrains from telling us about the disagreeable offices of the hospital orderly, and of the painfully embarrassing moments of daily routine which led one patient of my acquaintance to greet every knock on his door

with the challenge, "Who goes there? Friend or enema?"

I feel a kindred claim to cherish this little book, for although I have never taken a general anaesthetic yet I have had typhoid fever once, and pneumonia twice. It was during one such convalescence that I composed during a wakeful night what I dared call a sonnet. I am no poet but my overwrought nerves, chagrin, temper or some unknown caprice, induced the Muse to urge me to give birth to this thought:

HELL IS NOT PAVED WITH GOOD INTENTIONS

Oh Bedpan! Implement of woe
To one who is compelled to go
In bed. Whence camest thou?
Who first thought to make of thee a plan
To minister to urgent need of man?
No mind celestial ever gave thee birth.

No human science ever tried to break
The law by Isaac Newton found,
And make go up what should go down.
Let thine own anatomy quite frankly speak!

Whether of clay or agate it is clearly read
That fires Satanic were thy natal bed.

Thou art a stolen quadrate, I know full well,
From the tessellated pavement of deepest Hell.

I have since used these words to cheer up suffering humans who rebel at fate and the unnecessary crimes of brutal attendants, which are the results of doctors' orders.

Mr. Harper has written of his remarkable experiences in a calm, humorous and analytical spirit. I recommend his story to professional and lay readers alike.

MERELY THE PATIENT

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A PAIN DISCOVERS ME

THERE is said to be no subject on earth more entertaining (to the narrator) than a major operation; and two operations, especially if they fall close together, ought to be—for purposes of self-entertainment—twice as good as one. Thus reckoning, it will presently be seen that I have a decided advantage over those who have to content themselves with only one, or none at all.

And it occurs to me that to write a book is the most considerate as well as the most expeditious means of acquainting your friends with the details of an operation or other painful experience; for in this way you can expatiate at large on the most harrowing aspects

of the case, and everybody is at liberty to read as much or as little as he can stand, and skip the rest; whereas if you get the listener's ear he is almost obliged to suffer attentively through to the end of your story. Furthermore, in a book you can advertise your troubles far more widely and effectively, and with less effort. Another advantage in writing a book on some pet theme is that, like a filibusterer in the senate chamber, you have the floor all to yourself: the difference being that while his verbosity is wholly without interest or sense, either to himself or his sleeping audience, your story is at least self-absorbing.

To go back to the origin of this story, it began with a pain—intermittent at first, but soon becoming violent and continuous. When it reached this stage I called in a physician, who pronounced it a bad attack of something with a strange name, which being reduced to simple English meant there was something wrong with my left kidney. He gave me a hypodermic of morphine and two days later I de-

veloped a bad case of septic pneumonia which, with resultant complications, laid me low for eight weeks. While convalescing from this I wrote a book on stock market speculation. I don't know what prompted me to write such a book at such a time, unless it was that something in the nearness of my approach to the realms of the unknown reminded me of how near I came to leaving the world unprotected against the pitfalls of Wall Street.

In due time I recovered from both the pneumonia and the book, but the kidney was still belligerent, and about every six weeks, to quell its savage attacks I had to take morphine and spend a few days in bed with it. In the fall of that year while on a visit to my mother-in-law in Minneapolis I was persuaded to take this refractory organ to the Mayo Clinic at Rochester, Minnesota; and that sequestered little town, which in the domain of operations, sickness and suffering occupies about the same position as New York City does in the world of finance, provided the setting for the semi-

tragic episode herein related, in which for many weeks I played the leading rôle before a mixed assemblage of doctors, nurses and anxious relatives.

Fielding tells us that to prolong scenes of distress to an unwonted degree is a task for which the reader feels but little indebted to the author. Therefore since we have here to deal chiefly with grim-faced facts such as are usually productive of more awe than amusement I shall treat the whole catastrophe as lightly as the circumstances will permit. But after all, a serious illness or an operation—like lion hunting, stock market ventures and suchlike hazards—has its varied and interesting phases; and many of its gloomy aspects are susceptible of humorous interpretation when viewed in retrospect by those who survive to tell the story.

In the present undertaking I was encouraged by the statement of both Doctor "Will" Mayo and Doctor W. F. Braasch, that one of the most difficult problems of the physician

is to get the accurate viewpoint of the patient. Not that the patient's viewpoint seems to make any difference, but they like to have it, possibly for the same reason that the little boy liked to hear the stuttering man talk—because it amused him. In order to get the reactions of a patient, Doctor Samuel W. Lambert goes so far as to say: "I have often told my students that every physician should have a severe illness, and every surgeon an abdominal operation." Possibly those who read this account will feel themselves relieved from the need of trying out Doctor Lambert's recommendation—which might also have included nurses, though he may have figured that they have other ways of kindling their sympathetic emotions.

RUNNING THE GANTLET

On arriving at the Mayo Clinic I found that, if unaccompanied by a physician, you are required to register and procure a num-

bered registration envelope, which serves as a sort of passport throughout the whole institution and entitles you to be examined, at their discretionary rates, for everything they can think of, including your income and your sanity. This formality disposed of, I was directed to a certain lettered and numbered desk (there are several floors of tremendous length and breadth, with a great number of such desks on each floor). This particular desk was presided over by a young lady who gave me a numbered slip and automatically directed me to "take a chair." After waiting nearly three hours I was ushered into the presence of a diagnostician in the department of urology, to whom I briefly stated my case, and said I wanted to find out what sort of treatment they would recommend. Without appearing to have heard anything I said he took out a long questionnaire and began cross-examining me about my habits, my mode of living and other personal matters. He could think of more prying questions than a prosecuting attorney. He

was particularly curious about my antecedents —how long they had lived, what they died of, and other long-forgotten data about the fallen branches of my family tree. Having no idea that kidney-stones were hereditary I wondered what all this long catechism had to do with my complaint, in which, by the way, he didn't seem the least bit concerned.

Then having me strip to the waist he stretched me on a long table and thumped me over pretty much as one would test a watermelon to see if it were ripe. For some reason best known to himself he studiously avoided the kidney corner of my anatomy; which reminded me of a man I once played golf with, who when his ball landed in the bushes or tall grass always looked for it in some adjacent quarter for fear of finding it in an unplayable lie. Needless to say, we had mutually agreed that there should be no penalty for lost balls.

When the doctor had completed his record of all I knew, and also had pommeled me until his solemn visage betokened some momentous

conclusion—which he guarded with profound secrecy—his air of mute sobriety was in nowise reassuring. He put the stethoscope to my heart, then shifted it to the left kidney and asked me to breathe deeply—perhaps to see if the two organs were beating in unison. But he shook his head negatively, which I took to mean that something was wrong with one or the other.

"Nothing serious, I hope," said I, studying his inscrutable face for some hopeful token. For a few moments he seemed lost in meditation, which set me to wondering if he had found something he didn't dare tell me about. Then without answering, he wrote out and handed me the following prescription: "Four ounces of castor oil and loganberry juice, no supper, to bed at seven o'clock, up at seven A. M., no breakfast, report at desk XY-4 at 7:30 tomorrow." I suggested that four ounces was rather a generous dose, but he said the conditions warranted it, so I didn't argue the matter with him. He also gave me several

envelopes of assorted colors, directing me to various appointment desks, and informed me with great impressiveness that they contained orders for examinations. Incidentally he told me that when I had finished with these I might go to breakfast, then report back to him.

My first appointment next morning was for an X-ray of the offending kidney, and having finished with this I set out to dispose of the other four envelopes, curiously anxious to learn what the examinations would disclose—heart disease, kidney-stones, gall-stones, cancer or what. It must be something terrible, I thought; otherwise the doctor would not have shown such deep and mystified concern. It is remarkable how one's imagination can run wild when the physical machinery is upset by some puzzling ailment. One fear begets another and, like bacteria, they multiply, until it becomes possible to alarm one's self into almost any sort of malady. For example, while at the outset I was satisfied that my only trou-

ble was seated in the left kidney, during the course of the next few days, owing to the variety and severity of the examinations, and the utter lack of information concerning the results of any of them, I fancied myself the victim of no less than half a dozen diseases, most of them fatal.

At the next desk, there being at least fifty people ahead of me, I told the young lady I'd call later. At this point I began to feel a little encouraged, because whatever I had, it seemed to be very prevalent, and the afflicted ones didn't appear to be much disturbed, except one poor old fellow, who was badly doubled up with what I suspected to be a case of "gravel" pains such as I had often experienced. I asked him if he had kidney trouble.

"No," he said; "it's just a nasty hang-over from a castor oil jag last night."

After waiting an hour at the third desk they sent me into a nearby room to have all my teeth X-rayed. This completed, I plucked up more courage, and taking my fourth envelope

I wandered about among the crowd, looking for the specified desk, which I finally located two floors below. The attendant there, like all the others, asked me to "take a chair"—a phrase that one hears repeated everywhere, until eventually it gets on your nerves. After a couple of hours or so I got up and asked the desk girl how much longer she thought I'd have to wait.

"The doctor will see you in your turn. Take a chair, please."

After a few days you get so that, like a trained monkey, you instinctively look for a chair the moment you approach a desk. You sit and sit—anywhere from an hour to all day. Your chief amusement consists of looking about, wondering what's the matter with this or that one. The majority of the patients wore a look of calm but determined resignation, and naturally I supposed that most of them had kidney-stones.

Unless someone stumbles over your feet, you are rarely disturbed, whether awake or

asleep, therefore it is necessary to exercise due caution that you are at the right desk; otherwise you may sit all day till closing time before discovering your error. When your turn comes, if you happen to be asleep from exhaustion you automatically revert to the foot of the line, which is apt to mean the loss of a whole day. But time means absolutely nothing here—to anyone but the patients. If you ask the diagnostician when you'll be through he answers evasively, "As soon as we have completed your examinations." There is something contagious about clinical examinations: the first one calls for at least two more, the next two show that you need five or six others, and so on *ad infinitum,* until you feel like a fellow in the dark, hunting for the last link in an endless chain.

Another stereotyped phrase that one hears on entering most of the examination rooms is, "Strip to the waist." You are sent to a little *un*dressing booth and furnished with a sort of loose flowing Chinese robe to take the place of

your upper garments. On being directed to one of these booths, and finding it already occupied, I sauntered along the hallway and presently found another similar looking room, with the door slightly ajar. Without observing the "For Women" sign overhead, I opened the door and switched on the light, supposing the room to be unoccupied. But a loud shriek from a back corner disclosed my error; and frightened almost out of my senses, I turned about to find myself face to face with a squatty, florid-featured Amazon, whose *dishabille* indicated that she had rather exceeded the examiner's customary directions to strip only to the waist. With an impromptu word of apology, I was making a hasty exit, when she snarled, "Can you *beat* it!"

At the fourth desk I was called at the end of two hours, and they undertook a thorough examination of my eyes, ears, nose, and possibly my throat—I don't remember. I do remember wondering again what all this wearisome routine had to do with my kidney; also

that I was absolutely empty and exhausted. I recollect, too, that it was 2:30 P. M. and I hadn't had a bite to eat since the morning before; so I pocketed the other envelopes till the following day and went to my hotel next door, where I found the dining room "closed from 2:30 until six o'clock."

Next morning when I went to dispose of my two remaining envelopes I discovered that the first one called for what is known as the blood urea test—where they jab a needle-pointed syringe into a vein in the arm and draw off quantities of blood. Then, as if they suspect you of holding back on them, they send you into another room where they puncture the lobe of the ear, drain off more blood —if you have any left—and store it away in glass tubes labeled with your name and number.

The young lady at the desk gave me a numbered card—number 6, I recall, for I was early. "Take a chair," she said as she wrote number 7 on a slip for the man behind me. I

sat there an hour or so, studying the faces of the crowd and listening to the monotonous "Take a chair," when a nurse opened a nearby door and called out numbers one to six. The first six of us filed into a small anteroom where we were requested to remove our coats and roll up the left sleeve. Through the door leading into an adjoining room we could see a number of nurses in uniform, and on a table near the door were several strange looking instruments, glass containers, etc. Extending past the left side of the entrance we could see about eighteen inches of what seemed to be an operating table, and altogether the interior did not look inviting.

Number one, a tall hardy Scotchman, was soon called and as he stretched himself on the table we could see his feet projecting over the end at the doorway. For a moment all eyes and ears were strained, then suddenly a heavy groan issued from within, accompanied by a violent swinging and jerking of the patient's feet. Presently the legs dropped, and after a

few convulsive twitches the feet hung limp over the table end. From what we could see, it looked as if the nurses had won the first fall, and had the victim's shoulders pinned to the mat. Among the five waiting occupants in the anteroom was a rather pale looking chap who stood for a moment with wide-staring eyes, then suddenly gathering up his hat and coat he exclaimed, "Here's where I quit!" At which he jerked open the door and disappeared.

At the desk where I had postponed my appointment the day before I spent two hours waiting and another half hour going through some sort of heart test; then for a circulation test they kept me another hour with one foot and leg thrust into a covered vessel of water, which threw me into a state of nervous apprehension by continually bubbling as if it were boiling. This operation was supervised by a vivacious little nurse who kept track of my pulse; and observing my anxiety, she did her best to engage my attention by relating a

tragic chapter of the story of her life. She timed the story so that it ended coincidentally with the circulation test; then she lifted the cover, tested the water with a thermometer, and assured me it was cool; also that the flesh on my leg was still intact. I thanked her and said it was the most enjoyable examination I had had.

Following this I hurried through a fifteen minute luncheon, and spent three hours waiting for my doctor.

"I observe you are no less a humorist than a physician," I said, remembering the loss of my breakfast and luncheon the day before. "You gave me a two days' job to perform before breakfast." Aside from provoking a flicker of a smile this did not change the gravity of his countenance in the least. He asked me a number of new questions, about everything except the part that troubled me. Whenever I asked about my kidney he always answered by asking me about something else—on the theory, perhaps, that having the kidney

safely quarantined, he was interested solely in exploring for new trouble.

When he inquired about my stomach I was prepared for him, for I had been forewarned as to the rigors of this examination, which consists of swallowing the nozzle end of a rubber hose and forcing a quantity of dry bread crumbs down alongside it, then with the hose dangling from your mouth you take your place in the line and wait for the food to digest. By means of a pumping device on the outer end of the hose they test the contents of your stomach every half hour or so to see how you are getting along. I emphasized the fact that my digestive organs were in perfect working order and would rival the gizzard of an ostrich. Thus after an eloquent protest I escaped the dreadful stomach test.

THE CYSTOSCOPIC TRAP

The doctor tapped his desk thoughtfully for a moment, then suddenly his face lit up

with some brilliant thought and he wrote out orders for five more examinations. Though I had won my point I didn't like the contented smile with which he handed them to me. I went out felicitating myself on having cleverly side-stepped the stomach test, but a few hours later I discovered the cause of his merriment, for I walked right into another, much worse—a cystoscopic examination—where they insert something that feels like a piece of rusty barbed wire into the bladder and up through the ureter into the kidney. Affixed to the inner end of this ingenious apparatus—which has an opening through the center—there is a tiny electric light bulb, by means of which they get a view of the interior furnishings. To facilitate this they dilate the parts by pumping in air, soda, transparent acids and suchlike pain-producing inventions.

The process of exploring by alternately probing, twisting, pumping and expanding the inside membraneous walls of the kidney is unpityingly pursued as long as the victim re-

mains conscious; and up to this point is as far as I am able to give an account of the performance. In fact there is no use attempting further to describe it, because no printable language can do it justice.

They don't like to give an anesthetic in this case, for the reason that you can suffer more and they claim they can get better results without it. It's like the old-fashioned idea that in confinement cases anything given to mitigate the pain is apt to injure the child. The only near-humorous feature that I discovered in the whole procedure was the remark of one of the examining physicians, that he didn't think it would hurt—much.

There was a pet expression that he used repeatedly: whenever he gave the vitals a vigorous probe that involuntarily tightened every muscle and nearly lifted me off the operating table he would say, "Now *relax,* please."

I asked why they called it an examination instead of an operation. He said it sounded less painful; and if the patients knew it were

an operation they would either refuse to take it, or else insist on being etherized. When it was over, the only report I could get was, that it was "satisfactory" (to them at least), and that the kidney was "still functioning." They gave me another bottle of castor oil and put me to bed for twenty-four hours to recuperate and muster strength for the next examination. The doctor assured me that castor oil was very "cleansing," and he warned me that any substitute might prove injurious. I didn't think to inquire if he had an interest in the drugstore where they sold it.

After recovering from this and the four examinations that followed I felt that every part of me had been subjected to a scrutiny as thorough as it was painful, and I became positively convinced that whatever else ailed me, I was threatened with sheer nerve exhaustion. I never dreamed there were so many painfully expert methods of examining the interior of a human being.

The next time I saw the doctor he handed me another batch of envelopes, which I apologetically declined. Having just come from a very disagreeable and seemingly unnecessary ordeal, for which I had waited several hours, I was in a state of hostile rebellion. It was like being repeatedly put on trial for crimes of which you are innocent; and I decided that as long as I could get no information whatever about my kidney, or indeed anything else, it were better to let the remainder of my organs rest as long as they were at ease.

"Doctor," said I, "I've already explained to you what my trouble is, and if you are putting me through these third degree maneuvers merely for the sake of killing time while the X-ray pictures are being developed, I prefer to choose some less heroic diversion. I'm not concealing any ailment from you and I don't care to waste any more of my time or yours

hunting for something that seems to bother you more than it does me."

The doctor protested vigorously; he seemed to regard my attitude as nothing less than mutiny. He declared that all these tests, and a great many more, were absolutely necessary to complete the records of my case; and that if I refused to continue there was grave danger of annulling all the good that had been accomplished. I said that if any important discovery had been made I'd like to be let in on the secret. That, he said, would be contrary to the rules. I insisted that being the owner of the kidney, I was entitled to know something about the reasons, or at least the results, of all this grilling process; and as for the sealed verdicts of their examinations, they meant nothing whatever to me; that what I came there for was to have my kidney X-rayed, not to be fluoroscoped and dissected from head to foot. Seeing that the reports on all the tests and examinations were written in medical terms, and that they were alike inaccessible

and incomprehensible to me, I was not disposed to contribute the additional time and money necessary to make a complete set of historical records in which I had no interest or understanding.

"But our records are a valuable contribution to medical science," he argued.

"In that case," said I, "those who are interested in such matters can provide their own subjects for clinical experimentation. As for me, my tastes run in other channels."

At this point I am reminded that one day while waiting near one of the appointment desks I overheard a spirited conversation between two patients who were trying to figure out why it was that for ten days they had both been taking the same identical examinations, one for a swelling in the ear, the other for a dislocated knee-cap. Finally one of them reached the conclusion that "in a laundry all shirts, whether dirty or clean, are run through the same process."

Although I fell somewhat short of the

graduating point, I went far enough to discover that this great research-academy for bodily ailments is not devoid of interest for those of boundless patience and physical endurance, who have a penchant for scientific exploration. It is a tremendous human dissecting organization which runs with the precision of clockwork and is fed daily by hundreds of recruits from every state in the union and every civilized country on earth. It is the Mecca for thousands of people who enjoy searching their systems for the seat of some indefinite, unlocatable disorder, either real or imaginary, and for all such persons it must be a satisfying resort, since it provides every known mechanism and device for exploring, testing and tormenting the human anatomy. And those who survive the entire course have the recompense of knowing they have been thoroughly castor-oiled and overhauled.

After much persuasion on my part, and many expressions of surprise and regret on the part of the diagnostician, I finally succeeded

in arranging an appointment with the chief urologist for the next day. From the appointed time I waited two or three hours, expecting the while to get a reprimand for my stubbornness; but to my surprise the distinguished Doctor Braasch greeted me as cordially as if he were going to present me with a diploma of good health and a magna cum laude degree for good behavior. Though his geniality appeared to lack nothing in sincerity, I had a strange presentiment that he had something "up his sleeve"; and with some anxiety I inquired what my examinations and blood tests had disclosed. At this his countenance became grave. So did mine.

THE SHOCKING DISCOVERY

After going hurriedly through a collection of "reports" lying before him on the desk he rendered his opinion in this-wise: The summing up of all the reports—as far as my examinations had extended—led to the discov-

ery that my trouble was located in my left kidney!

I was on the point of making some jaunty remark about their having wasted a lot of time and labor in finding out what I had told them at the beginning, when he showed me the X-ray pictures, revealing a condition of the kidney which called for an operation. This discovery having been made in my first examination, all the others seemed a mere waste of time and effort. But I was less disturbed about past events than I was over the prospects of the future. The suggestion of an operation, coming unexpectedly, gave me a queer jolt, not easily described. It seemed more like a bad dream than a reality. Without the remotest idea that any such action would be necessary I had made my plans to return East in a few days; and having felt no pain or inconvenience for more than a month it was impossible to adjust myself to the thought of an operation. A man with a violent toothache has a lessened dread of the dentist; and a

griping pain in the midriff or in the appendix quarter mitigates the terror of seeing the doctor; but for a fellow in perfectly good health and spirits to go voluntarily and submit himself to being cut open is quite another matter.

When I reported the verdict to my family, to my utter amazement they seemed not in the least surprised; indeed they were somewhat jubilant that it was no worse. My suggestion to put off the operation till I could think it over met with a storm of protest; the whole family party were of one voice in declaring that as long as it had to be done sometime it must be done immediately while I was in good health. They would all stay with me, play with me, and keep me constantly amused. With the late scientific discoveries in surgery, all contributing to the safety and comfort of the patient, there was nothing to worry about. In short, after the first shock it would be a regular outing for me. One might have supposed they were trying to inveigle me into going to a circus or a football game. Their

arguments were seconded and supported by a man we had met at the hotel, who chimed in with the joyful news that he had just been through a similar operation and although minus one kidney, he never enjoyed such good health in all his life. Without wishing him the least harm, I almost regretted that he felt so well.

We talked with the chief urologist, who joined enthusiastically in their cheerful persuasions; but somehow I couldn't seem to fall in with their light-hearted view of things. It's remarkable what a trifling matter an operation is—to the other fellow. They all seemed to regard the act of cutting me open as being no more serious than that of manicuring a broken fingernail.

Any married man knows how difficult it is to hold his own against the arguments of *one* woman; and to stand out against a whole bevy of them requires a species of fortitude of which no normal man is possessed. Being hopelessly in the minority, both as to numbers

and argumentative force, I appealed to Doctor Braasch and asked if the operation couldn't be postponed a few months or a year without endangering my health. For a moment he seemed to weaken slightly in favor of the losing side, and admitted that it probably could; but the women insisted that it couldn't. Having made up their minds there was going to be an operation, they would hear to nothing else, and declared that I was only delaying the performance with needless discussion.

I said, "I don't want any operation; that isn't what I came here for."

My wife said, "Maybe you didn't know it, but that's exactly what you did come here for. I know a lot of things that you know nothing about. And it's much better you shouldn't know."

She had kept in touch with my diagnostician, and I wondered if he had initiated her into some of the clinical secrets in order to punish me for insubordination. I didn't ask

what it was she knew, nor did it make much difference. Whatever a woman may know, it does not alter the fact that she wants what she wants. And if her wants call for no more than the loss of a kidney, it's easier to accommodate her than it is to oppose her wishes. Therefore, with the family and the clinical staff arrayed against me there wasn't much use arguing. Nobody supported my side: I was like a lone defendant facing a "packed" jury, solid for conviction.

The women were convinced that it was such a trivial affair, that they all wished they could take the job off my hands. They were astonished that under the circumstances I should be so obstinate in refusing this opportunity of having Doctor Will Mayo operate on me. The result was, I was made to feel more like a slacker than a hero. What a pity it is, I thought, that those who like such things cannot have their tastes gratified! I wished the kidney would kick up again so I could get thoroughly sore and disgusted with it; but it

lay there as quiet as a mouse in the corner—as if it heard what was going on. I could almost hear it whisper, "Stick to your guns, old pal, I'll be a good kidney in future." But in a moment of weakness I asked the doctor how long it would take.

"It means only ten days to two weeks in bed and one more to convalesce. Yes, Doctor 'Will' can operate on you day after to-morrow morning." That settled it. At four o'clock the next afternoon, with the mercury thirty below zero, my family accompanied me to the hospital.

"ALL YE WHO ENTER HERE—"

Have you ever been left at a strange hospital in the afternoon or evening of a cold, gloomy day, to be prepared for an operation early next morning? It starts the goose flesh on me even now when I recall seeing the door close behind my family as they left the room when the visitors' hours were over. I was

alone—and lonesome. Here is where the stern realities of life press down hard upon you and you call in all the reserves of your courage to meet them. It is a case where a fellow is almost justified in feeling sorry for himself. I felt as I imagine poor old Philoctetes must have felt when his companions sailed away and abandoned him on the deserted Island of Lemnos, there to nurse his snake-bitten ankle in painful solitude. I was even worse off than Philoctetes: I didn't have so much as a pain to keep me company.

In a few minutes an attractive nurse came in and looked me over with a quick appraising eye.

"I'm to be your day nurse," she said.

"Thank you," I said; "I hope you'll like me." She said she'd be on duty till seven, and come back at seven in the morning. For my "supper" she said I might have a "light tray"; then she went out. Presently she returned, bringing a tray with a miniature dish of light cereal. That was all the rules permitted me

to have. It was carefully concealed beneath a white napkin, probably to keep the aerial bacilli from nesting in it on the way in. When I had eaten it I glanced up with an eager, hungry look, in comparison with which Oliver Twist must have appeared contentedly well fed.

"Next course," I said, with a maudlin attempt at facetiousness.

She shook her head. "You've had all the rules allow. I'm sorry, but—"

"But you're not sorry enough to give me any more—is that it?"

"Your next course will be castor oil."

"But I've already had it—bottles of it!" I protested. "It's all they've fed me the past ten days." That made no difference; the orders called for it, and there was no alternative but to take it.

"I *hate* the damn stuff!—Haven't you some substitute?" I pleaded.

"There is no substitute," she said with an air of finality that closed the argument.

She removed the tray, then set to work getting me ready for the night. She unfastened my shoes, took them off, unbuttoned me and shunted me into a suit of hospital pajamas, as if I were already an invalid. It was hours before my usual bedtime, but I made no protest. In fact my powers of opposition had been worn down to a point where it no longer seemed worth while objecting to anything. Once before I had been in a hospital a few days and learned my lesson in submissiveness. In a hospital one soon learns to obey everybody, for every attendant, even down to the meanest orderly, is clothed with an authority not to be questioned by any invalid intruder. A man may be a czar in his own home (that is, if he's single), but let him fall into the clutches of the doctors, nurses and hospital authorities and he becomes the most humble milk-fed subject on earth. The moment he undertakes to assert himself he is sure to run afoul of some iron-clad rule, and like a captive bird beating its head against the bars of

its cage he learns the utter futility of resistance.

I lay there trying to chirk up my spirits by contemplating the future joys of convalescence —when a fellow can sit up in an easy chair with a consciousness of restored sovereignty over himself; when he can fearlessly declare his mind and tell them all to go to the— but just then the nurse reminded me it was seven o'clock, and she was leaving for the night. She surprised me by saying the *barber* would soon be in.

"But I haven't sent for any barber—I don't want one."

"No, but that's all been arranged for you. Good night." And out she went.

It all reminded me of the newspaper accounts where we read of people being fed, shaved and groomed for hanging or electrocution at daybreak, except that they don't have to take castor oil; and they are always given plenty to eat.

Shortly after the nurse left the barber

arrived. He unwrapped his kit and took out an old-fashioned razor. "I've come to shave you."

"Thank you, but I'm not an invalid, and I always shave myself."

"Yes—your face—but that ain't where they're goin' to operate," he laughed. He cupped his palms and blew his breath on them.—"I'll have to thaw the frost out of these joints before I can hold a razor."

He was a youngish man and went about his task in a clumsy way. He shaved—or rather scraped—my back from the waist down to the hips, talking volubly the while. Then having turned me over, as he was working industriously on the most ticklish part of my midsection he confided to me that he was new at the barber business. He said he had tried his hand on three or four ex-patients in an "undertaker's shop," but I was the second "live one" he had ever "worked on."

"But then I've got to learn sometime," he remarked carelessly, while he tested the edge

of the razor on his thumbnail. "There's one good thing about shaving a 'deader,'—if you cut him he can't holler. . . . There ain't much to shave right here," he observed, rubbing his cold, rough hand over the pit of my stomach, "but I'm supposed to run over it just the same." He hoped I would excuse him if he accidentally "cut" or "pulled" a little. "But then I guess even if I'd nip you a bit it wouldn't be a thing to what they'll do to you when they get you on the table tomorrow morning," he added with a snicker.

From that on to the end of the shaving operation my feelings can better be imagined than described. My only grain of comfort was that his razor was so dull that if it slipped it wouldn't cut very deep. When he had finished he sat down on the edge of the bed and proceeded to regale me with anecdotes and personal experiences. He had recently been a cab driver, but business in that line was dull in winter, and the old barber at the hospital having suddenly died he applied for the

position and the Sisters had accepted him without questioning his qualifications.

"I guess the old girls here think a barber's a barber," he laughed. "Maybe you'll think I've got a hell of a nerve, but you know when a fellow's up against it he can't be choosey about a job."

"My friend," said I, "you have nothing on me. A hospital patient has no choice between a barber and a blacksmith."

He looked at me anxiously. "You wouldn't squeal on me, would you?"

"Squeal? No—I'm glad you didn't apply for the job of house surgeon."

He drew a deep breath of relief. "Thanks. I hope I can get by for a few days till I sort of get the hang o' things."

At length he got up, stretched his arms and yawned. "Well, I'll be going. Good luck to you, old scout," he said; "I hope by the next time you're operated on I'll have the barber business down pat."

Next morning I was awakened at seven

o'clock by my day nurse, who set about decorating me for the operation. Those who have been through these dismal preliminaries will need no rehearsal of the sensations; and those who have not, had best be left in ignorance, with the hope that they may never know.

I wondered if I were going to meet the famous Doctor Will, or if, like a cold-blooded executioner, he would appear and after performing his work, disappear like a phantom at daybreak. I had heard that operating was such an impersonal affair with him that he paid no attention whatever to the identity of the individual he operated on, either before or after the act; that he simply came to the operating room at the appointed time, and with his several assistants and all the facts in the case before him he proceeded with his work as one would carve a roast of beef without knowing or caring anything about the critter to which it had belonged.

But I discovered that the Mayo brothers are not mere mechanical butchers. On the con-

trary they are genial, sentimental, and tender-hearted, to the last degree. My nurse declared that Doctor Will was "all business"; but that "Doctor Charles makes more fun than a circus clown." They make the rounds at the hospital early in the morning, meet the new patients and spend a few moments of cheerful conversation with each one, which goes a long way toward counteracting the dread of the trip to the operating room.

These calls are attended with a considerable amount of impressive ceremony. About eight o'clock the first morning I heard a tramping of many feet in the hall outside, then suddenly, without any warning, the door was opened, my overhead light was flashed on and the nurse in suppressed excitement whispered, "Doctor Will!" She immediately took her position at the head of my bed. Two men—Doctor Will's first assistant and the house physician—came in and took their positions across the room, facing the entrance. Then appeared Doctor Will, followed by two other

assistants. As he approached my bed with outstretched hand he smiled and called me by name. After a few good-natured remarks he said, "Don't be alarmed, we'll have you out in a few days." At this he left the room, with the other four, none of whom had spoken a word. He had a firm, quick step, strong handsome features, and a most engaging personality. After meeting and talking with him you feel that you have entrusted yourself to competent hands.

An hour or so later the nurse came hurrying in with the news that we'd been "called." After being assured that I had no false teeth or portable bridgework to leave behind, she hastily gave me a hypodermic of morphine, bustled me into a wheel chair and hurried me up to the operating room on the top floor. There under a great dome thickly studded with electric lights, in the presence of Doctor Will and a dozen or more gowned and masked assistants and attendants I climbed up on the operating table, my arms were quickly folded

across my chest, and while my legs were being strapped into position the cone was placed over my face and an angel-voiced creature murmured softly in my ear, "Now take long deep breaths, please; it will only be a few seconds." I wondered if she were as beautiful as her voice. At any rate I would gladly have postponed the operation and breathed an hour or more for her, just to hear her talk. Her soft, musical voice seemed to move farther away, and in the distance she was saying how nicely I was getting on. I was about to call to her, not to go off and leave me, but—

The next I knew I was back in my room looking drowsily up into the anxious faces of my family who assured me that it was "all over."

"No," I said—"they've just sent for me; I have to go and be operated on." At that I closed my eyes and slept again. I afterwards learned that the kidney required a great deal of excavating and curetting, and that I had been on the operating table nearly two hours.

My first experience in having the wound dressed was one of the high-lights of the whole occasion—one that requires no straining of the memory to recall. It was indeed a masterpiece of brutality that well deserves to be recorded in medical history; and I remember it as the outstanding instance where my rights and feelings as a patient were asserted with loud spontaneity, in language more forceful than polite.

"I have a happy surprise for you," the nurse greeted me that morning, with a roguish twinkle in her eye; and presently one of the house doctors came in, followed by a nurse pushing a "tea-cart" loaded with bandages, bottles and a wicked looking assortment of probing instruments. He set immediately to work removing my swathings, and when he got down to the criscross network of adhesive tape he carefully peeled up one of the corners, then without the slightest warning he suddenly *ripped the whole thing off,* carrying

with it, as I supposed, all the skin, with the kidney and half of my insides adhering to it.

"You * * * damned brute!" I exploded. I added much more to the same purpose; but that, for the moment, was all the satisfaction I got. His calloused soul had probably been excoriated many times before. He merely smiled and inquired if it hurt! Ever since then the mere thought of adhesive tape makes me shudder.

From five to eight different physicians, including both the Mayo brothers, visited me daily. Though I was not a patient of Doctor Charles Mayo, he called on me regularly, chatted pleasantly for a few moments, and always left with a word of cheer.

While my progress was constantly reported to be normal, on the ninth day I began to realize that some strange thing had "got" me —something was certainly going wrong. The drainage tubes had been removed, my incision was almost healed, both kidneys were said to be functioning regularly, my temperature was

reported normal (though I knew it was not), and I was told that all blood tests and examinations indicated that I was on the highway to recovery. Still I protested that something had me in its deadly grip, and I began to be alarmed. I complained to the nurse, who said I was only tired and needed sleep. I complained to every doctor that came in, and each in turn, as if they had all rehearsed together, said it was "only natural"; and every time I expostulated with Doctor Will he good-naturedly turned the matter aside with some joke. Once he said that if the fire alarm were to ring, I'd be the first patient to jump out the window.

While they all seemed disposed to listen to me with that kindly forbearance usually shown to a talkative old lady in a high class private sanitarium for feeble-minded, nobody was seriously impressed. There was no use trying to argue with anyone; they simply listened tolerantly as long as it amused me to talk. Indeed the harassment of my body and mind was

such that I sometimes wondered if I had become an inmate instead of a patient.

They said the records showed I was getting well, and that's all there was to it. Whatever I said or however I felt seemed not to alter the purely scientific fact that my condition was normal.

There are certain reactions that customarily follow certain operations; and in common practice the patient is not supposed to develop any complications not on the regular calendar. The signposts were all set indicating my lines of recovery, and all I had to do was to keep within bounds and follow directions. But some deadly microbe having intervened to upset their calculations, I was unable to eat a mouthful of food, or to adjust my mental and physical reactions to the prescribed order of things. In other words, theoretically I was getting well, but practically I was becoming a physical wreck.

About this time I received a call one afternoon from the pastor of a church in the town,

who having read in the local newspaper that I was from Boston probably jumped to the conclusion that I must be in need of spiritual aid. He was a soft-spoken, amiable, benevolent appearing man, and regretted to find me laid so low. Seeing that I was too sick to indulge in much general conversation he very considerately came at once to the point and asked if I were a believer. When I assured him that I was, he inquired if I felt prepared for any eventuality.

"My friend," said I, "no one has a more profound veneration for your cloth than I have, and you show the true Christian spirit in coming to see me; but I am decidedly dubious about death-bed repentance. Religion, it seems to me, is something that should be acquired and practiced in health, not in sickness. A soldier who has been a worthless slacker in health can be of little service to his general when he lies at the point of death. This last moment contrition makes salvation too easy to be genuine."

His answer was that those who came late to the vineyard received the same pay as the ones who came earlier; but my mind was too muddled to comprehend how this applied to those who remained away till they were too ill or decrepit to be of any service at all; and having delivered my little sermon I was not disposed to argue the matter any further.

"My dear brother," he said at length, "nothing is more uncertain than life. You are making a brave fight, but if by some hard decree of fate you should be called to your final accounting, do you feel that you are prepared to meet your—"

"Yes, I feel quite prepared," said I, and without stopping to realize how it might shock his religious sensibilities I added—"But if you saw a man in a pasture running for a fence with a raging bull close at his heels there wouldn't be much use stopping him to inquire if he were prepared for the consequences in case he stumbled."

A few days later, though my head still

reeled and I felt the slowly increasing ravages of some sort of poisoning, I became restless for a change of environment. The hospital rooms were equipped with an electrical signaling instrument that clicked busily night and day, and nearly drove me mad. Then came Christmas Eve, with a group of noisy merry-makers parading up and down the corridors, singing Christmas carols and hallelujah songs. It was after visitors' hours, and my night nurse having gone out, perhaps to join in the festivities, I lay there conjuring up melancholy thoughts, and contrasting the wretchedness of that night with the happiness of former times. Whether it was the peculiar nature of my illness or what, I cannot say, but Christmas music seemed utterly out of tune with my situation, and I can recall nothing that ever made me so blue, either before or after.

At length Doctor Will submitted to my entreaties, and so they bundled me up, put me onto a stretcher and took me in an ambulance

down to the Kahler hospital, where I was placed on the convalescent floor. This brought me more conveniently near my family, who were living at the Kahler hotel, in the same building with the hospital. For the first two days I was reduced to one nurse, who did twenty-hour duty; that is, she was off from two till six P. M., and during this interval various members of my family took turns at entertaining me by trying to convince me that the doctors, nurses and everybody else knew more than I did. Now that I was listed among the convalescents, they couldn't understand what made me persist in being so stubborn about getting well. Indeed doctors, nurses, friends and relatives all boosted me along and although I had lost nearly thirty pounds—mostly from my face, it seemed—they all insisted that I was improving rapidly and "looking fine." Several letters and telegrams came from friends congratulating me on my rapid recovery, and everybody seemed jubilant, except me.

"Where do they all get their glad news?" I asked. "It's the only information I have of any improvement. Don't try to fool yourselves or me—I'm *sick!* Call it stubbornness or whatever you will, but I tell you, something has *got* me!"

Every blood test and every examination in the regular technical routine showed me to be perfectly normal; and yet, though I strained every nerve and muscle to justify these cheerful views, I was still conscious of the gradually tightening coils of some deadly venom. But the physicians still refused to take my complaints seriously; and for the life of me I couldn't explain just how I felt. I simply knew that something had gone wrong, and that I was steadily losing ground in an unequal fight. About the only sensation I could describe was that I felt a constant whirling in my head; and the skin on my head and face felt like a tight-fitting leather mask. I ate nothing and slept very little, except under morphine. Whenever anyone spoke to me or

looked at me I felt an impulse to burst out crying. I was assured, however, that all this was a perfectly natural result of the operation.

About this time I developed an excruciating pain in my right hip, which admitted of no comfort, day or night; and when the orthopedic specialist had probed deep into the hip joint and drawn off whatever he could find—which wasn't much—I discovered that this, also, was a natural consequence of the operation. I learned (indirectly) that I might perhaps have a stiff hip joint the remainder of my life, but they advised me it were better not to worry about it, seeing that it was not an uncommon result of a kidney operation. Unable to figure out what communication a lacerated kidney on the left side could have with a stiff hip on the opposite side, I asked the nurse; but for all I learned I might as well have asked the orderly. So I gave it up—as you have to do with all hospital problems that you attempt to solve by questioning those in attendance.

To draw me off the subject my new nurse declared that my worst trouble was a bad case of the "grunts"; and when I reported this to Doctor Will, with the suggestion that he add it to my list of symptoms, he passed it over with the usual remark that it was "only natural." Whatever I did, or said, or felt, or thought, seemed not to concern anyone, because it was always perfectly natural; indeed it seemed as if I were the most perfectly normal and natural patient in the whole institution.

THE ATMOSPHERE OF DISSIMULATION

I sometimes wondered what there is about the atmosphere of a hospital that makes everybody prevaricate. If you ask what your temperature is you get an evasive or dishonest answer; if you ask a civil question about yourself, or anybody, or anything whatsoever, they all—including your own people—seem leagued together in a solemn compact to de-

ceive you. And they justify their deceit on the ground that truthful answers are "bad for the morale of the patient," who is supposed to submit to everything without question, obey all orders without objection, and interfere with no local procedure. You hire the doctor, suffer all the torments, and pay all the bills; yet you are given but little occasion to feel that you are in any other respect regarded as a human entity. You are merely a patient—known in hospital parlance by the number on the door of your room. If you ask an intelligent question about your own condition, the answer makes you feel as if you were prying into their affairs. If you are feverish and irritable, and feel anxiety and suspicion because you are being obviously deceived, you must content yourself with believing that your attendants think they know better than you about your condition and what is good for you.

The first night at the Kahler hospital, my nurse on retiring said she was a light sleeper,

and to call her when I wanted anything in the night. She would get up at seven and go to breakfast. Under a strong opiate I slept fairly well through the latter part of the night, and waking a little before seven, with a throbbing hip, and parched mouth and throat, I attempted to wake her for a glass of water (her bed was behind a screen across the room).

"Miss Page!" I called in a loud whisper. No answer. Then louder—"Miss *Page!*" Still no answer. . . . "Miss Page, did you say you were a light sleeper?" About that time I felt like sneezing; and, I thought, "if I can put this over strong it will surely bring her to." So I drew in a tremendous inhalation and let out a blast that seemed to shake the room. When the reverberations had died away I listened, and the death-like silence gave me a quaky feeling.

Becoming alarmed, I reached for the telephone on the stand beside my bed and asked the operator to ring my bell vigorously, as I

couldn't wake my nurse. The ensuing clatter sounded like a fire alarm.

"My God, the woman's dead!" I thought. When I could stand the noise and suspense no longer I cut in and called to the operator—"Send someone up quick; there's a dead nurse in my room!"

In a short time there was a rush of feet coming along the corridor, then the door was opened, the lights flashed on and several excited people ran in.

"Behind the screen!" I said. They all scurried across to the scene of the supposed fatality. But the bed was empty! Half an hour later the nurse came in smiling. "I got up early," she said, "and slipped out while you were asleep. Did you miss me?"

We now approach the scenes that bordered narrowly on tragedy. Strangely enough I had had much to do with tragedies the past year. I read twenty-one of them by Æschylus, Sophocles and Euripides, but little did I dream how near I was to becoming the central

figure in a tragic drama with a modern hospital setting.

A couple of days or so after the nurse episode Dr. Braasch came to see me. He said he was making a special study of my case, and for some time he listened attentively while I endeavored to explain how I felt. For the first time I was encouraged to find that I had finally impressed someone with the idea that all was not going well. With the parting remark that he would call again in a few hours, he went out, leaving me in a state of wonderment as to what the next move would be. A little later, when Doctor Will made his customary morning call, he talked at unusual length about the operation. He said his first impression on seeing the infected kidney was to remove it; but on second thought, and acting on the advice of his assistants, he decided to try to save it. Therefore after spending nearly two hours cleaning out and repairing it he stitched it up, put it back and sewed up the incision. He still felt that his second judg-

ment was correct. I disagreed with him, for I continued to grow steadily worse.

"Doctor, that kidney must have *died* of the operation. I wish to God you had taken it out and thrown it into the sewer; then I should have been well rid of it," I said in despair. "I'm poisoned, I tell you, I'm *poisoned!*"

But in his calm dialectical way he went on to explain several reasons justifying his action, and others accounting for my condition. Finally he convinced me that he was right; that my condition was only a natural outcome of such an operation, and all I had to do was set my mind on getting well. After he left I called in the family and said we'd play auction bridge; that what I needed was action and diversion. They were thunderstruck at seeing me climb out of bed and call for my dressing gown and slippers. Though my head was in a constant whirl we played for an hour, when Doctor Braasch came in and dropped into a chair, looking rather troubled.

"What worries you, Doctor?" I asked. For a moment he looked at me, perhaps wondering if it were best to make a clean breast of matters; then without any mollifying preliminaries he said: "That kidney will have to come out; it's your only chance. Septicemia and uremic poisoning have set in, and with the utmost haste we shall be none too soon." (Any physician will understand what a meager chance a patient has under these conditions.)

No judge in pronouncing the death sentence on a criminal ever dealt a more staggering blow. It fell upon me like an earthquake upon a tottering structure, and my emaciated physique proved unequal to the shock. The whirling in my head suddenly increased and in my weakened highly nervous condition when I thought of cutting in through the newly healed wound, an oppressive darkness settled over everything and for a brief space I passed out of the interview. When I came to,

the first thing I noticed was that the air seemed fresh, and the ceiling had gone back to its normal height. Doctor Braasch regarded me with an anxious inquiring look.

"Make it as quick as possible," I said. "Lucky you discovered it."

"It was *you* who made the discovery," he frankly admitted. He then gave his orders to the nurse. Twenty minutes later I was on the operating table; Doctor Will and his staff, with a considerable audience of physicians, all in white masks and gowns, were standing in readiness, and a nurse was saying, "Now relax and take deep breaths." The urgency was such that they broke all precedents of the institution, since kidney operations were never done there, and Doctor Will never operates in the afternoon, after operating in the morning. A dozen or so doctors from the clinic having heard of the *affaire extraordinaire* came in to view the proceedings.

Were it possible to relate in detail what followed the next few days it would only pro-

long agonizing scenes which would be more depressing than diverting to both the reader and the writer. If it be difficult for one with sympathetic tendencies to read of such harrowing experiences, it is doubly hard to write about them.

They changed my nurse for two others more skilled in surgical cases. For the first time Doctor Will refrained from his customary jokes, and whenever he called his face wore a look of seriousness. He was plainly disturbed; he was also unusually tender and solicitous.

From two or three sources my wife heard that kidney operations do queer things to people, and some Gloomy Gus assured her that even if I got well I'd be so peevish that no one could ever live with me. And on the fourth day after the second operation she chanced to hear one nurse remark to another in the corridor outside my door—"Isn't it too bad that Doctor Will's patient in Number 88 is going out!"

Nowadays, hospital patients don't *die;* they merely *"go out."*

At night my sleep was broken and constantly haunted by all sorts of weird dreams and illusions. If there is anything more boresome than the act of listening to a detailed account of somebody else's operation, it is to lend an ear to some fantastic dream; but seeing that the ancient writers used to lay great stress on these somnific aberrations I will risk telling of a curious one that still haunts my memory. I dreamed that someone had brought me a number of small sleep storage tanks, resembling oxygen tanks, and told me that while I was getting my best sleep in the early part of the night I should sleep them all full, then later when the opiate wore off I would have a reserve supply to draw upon. I took the tanks one by one, slept them full and after capping them securely I laid them down carefully in a row. Later when I became semi-wakeful and restless I took up one of the tanks to extract some sleep from it; but to my amaze-

ment the cap had been removed and it was empty. I examined the others and found the sleep had all been drawn off. For a moment I wondered who had tampered with my tanks; but the villain was not far to seek, for lying serenely there beside the last tank was a husky looking kidney, sound asleep!

FLIRTING WITH THE SHADOWS

Reluctant as I am to dwell upon the sad farewells incidental to the departure of souls from this sphere, I feel that the history of this episode would be incomplete without some account of the circumstances and personal sensations attending the crisis. My strength having been seriously impaired by the first operation and the resultant attack of poisoning, after the second operation I sank lower and lower, until the physicians practically abandoned all hope. And though I was kept in ignorance of their diagnostic conclusions I sensed the gravity of the situation both from my own feelings and from the mysterious ac-

tions of those about me; and every time I closed my eyes it was with a feeling of final submission to what seemed the inevitable. Death, which in the distance I had always pictured with unmitigated horror, seemed now to have lost much of its terror; and though its proximity gave me a ghastly feeling, in a way it appeared more like a messenger of relief than a harbinger of ill. Sometimes in my desultory sleep its phantom-like skeleton form seemed to move stealthily about the room, its sunken eyes steadily fixed upon me; and once I imagined it reposing beside me in the bed. The sensation was so shockingly uncanny that I involuntarily put out my hand; and fancy my astonishment when I awoke to find myself clutching the arm of the night nurse, whom I had startled out of a comfortable doze at my bedside!

On the fifth day it was decided that I had but a few hours left, and that a transfusion of mercurochrome was the last forlorn hope. It was a hazardous alternative and would

either kill or cure in about forty minutes; but if it killed there was nothing to lose, for I was lost anyway; if it cured there was everything to gain. A well known physician, afflicted with septicemia in a neighboring hospital, had taken it the day before, and died in thirty minutes. My wife asked one of Doctor Will's assistants for his honest opinion on the probable outcome in my case; to which he answered, "He still has a fighting chance. If he doesn't die of uremic convulsions inside of forty minutes, he may recover."

My family were brought together at the bedside. . . . Lying in a state of semi-consciousness, I remember seeing one of the doctors approach the bed with a huge bottle of reddish fluid (mercurochrome) to which a long rubber tube was attached. Having no idea of what they were going to do, and mistaking this for the usual pink mixture of loganberry juice and castor oil, which I supposed they wanted me to drink through the tube, I closed my eyes and set my teeth. Pres-

ently someone raised my arm, then I felt the needle inserted, and when the fluid began to circulate through the veins, my limbs became numb; and as the paralytic feeling crept over my body it seemed as if the bed were slowly moving from under me. Then I imagined my head was in the hub of a great horizontal wheel which spun around with terrific speed for a while, and gradually slowed down till it barely moved. Like the propeller of an aeroplane, its momentum held me aloft over a deep chasm, and when the speed slackened I could feel myself descending, feet first, into the depths. I reached frantically about endeavoring to find something to cling to, but there were no supports, and startled at the increasing rapidity of my descent I opened my eyes—as one will awake from a terrifying dream—and stared about, wondering why so many people had gathered in my room. One physician clung to my pulse, while the other attendants stood about with bowed heads. Suddenly I caught the meaning of it all, and as

I closed my eyes resignedly I felt my loved one's tears on my face. With a final conclusion that all was over, I remember whispering, "Good-by; no flowers, please." I knew nothing more for two days.

I have heard that persons approaching the gates of Paradise have been known to hear music and angel voices beckoning from within; and although fully conscious of the fact that I was close upon the portals of eternity I could catch not the slightest glimpse or sound of anything beyond; which convinces me that there is at such times no physical communication whatever between this world and Elysium, unless perchance it happened that I was nearing the wrong gate.

During the critical forty-minute interval, while five physicians stood waiting the outcome, one of them quietly recommended that any absent relatives be promptly notified. It was a toss-up with the Grim Reaper—and I won; though the victory was not assured for several days.

Later when I inquired after a missing member of our party I was told that about the time of the crisis he had been dispatched post-haste for home to shovel the snow off the family lot.

THE ROAD TO RECOVERY

The rest of the story is in a somewhat lighter vein. When they first lifted me from the bed and sat me in an easy chair for a few minutes, I felt as I imagine a jelly-fish might feel after being stepped on. My head wobbled about from one shoulder to the other like that of a newly hatched bird, and altogether I felt as if I had scarcely enough stamina to begin life over again. I well remember the comment of my nurse, who was so delighted with having "pulled me through" and at seeing me up in a chair that for a moment her Irish humor overcame the art of simulation. After viewing me for some seconds with an estimating eye she honestly confessed that I looked like the last piece at a remnant sale.

As I looked out of the window and saw figures moving about on the streets it seemed as if I had migrated to some alien world, where everything was topsy-turvy, and I asked the nurse why everybody was walking backward.

She smiled and shook her head.—"You've been very ill."

My head went round and round, as if it were on a swivel. A blustering snowstorm was in progress and as the figures scurried about on the street I was puzzled to know why they all faced the wrong way—how they could tell where they were going, or when they arrived at their destination. I was barely conscious of having once lived somewhere, on some sphere, and I vaguely wondered if I should now have to begin life anew and learn everything all over again, or if I could pick up the broken threads and start where I had left off.

My wife having heard that I was sitting up, came in. We talked for a while, and somehow she appeared relieved to find how little I remembered of what had happened the past few

weeks. She seemed glad that I was going to get well, perhaps because—among other considerations—it lessened the burden on her conscience for having pushed me into the first operation; and by way of making amends for this, and also for scolding me about my stubborn refusal to get well before the second operation, she said I had been a very good patient; that I had been right all the while, and I knew more than all the doctors, nurses and everyone else—even including herself—about what ailed me. After this tremendous concession—which made me a little suspicious that something had gone awry and some bad news must be impending—she asked if there was anything I wanted. This seemed odd, after getting used to being *told* what I wanted.

"Yes," I said, "I want a new room."

"But you have a nice room, with plenty of air, light, private bath and everything."

"I don't like it," I said.

"What is there you don't like about it?"

By this time I was becoming tired from

overexertion. She afterwards told me that I looked wearily about, then resting my eyes on the paneled oak door I said,—

"The door is upside down—I want another room."

In the weeks that followed I had the usual run of bad days and nights, when things looked gloomy and hope sank low, but all things considered, my recovery was satisfactory to the physicians, though it seemed slow, and at times uncertain, to me.

A few days after my first experience of sitting up, Doctor Will came in and found me nibbling on a piece of toast—the first solid food I had taken in many weeks—which prompted him jokingly to remark that since I was beginning to eat, the price of my board ought to be raised.

"Doctor," I said, "that reminds me of something that's been worrying me of late. You being one of America's greatest surgeons, naturally I have a patriotic pride in being operated on by you; but when I came here I

had no intention of giving you a steady job cutting me open and sewing me up. One operation at a time by a great surgeon is usually as much as any ordinary person can stand, either physically or financially, and my Scotch instinct warns me that you are running me into ruinous extravagance."

"Never mind, my good fellow," he said; "don't let that bother you. We are here to cure you, not to get your money; and when you get your bill if it isn't satisfactory all you need do is scratch out the amount and fill in your own figures—whatever sum is agreeable to you, and that will be our price." But I was so elated over my recovery that it didn't occur to me to acquaint the office with this generous proposal.

SUBCONSCIOUS HALLUCINATIONS

It is remarkable what latent powers of reminiscence and narration are awakened by certain species of illness. In my case these ran

chiefly along the lines of ancient history; and during the weeks of lucid or semi-lucid intervals I nearly wore out both my night and day nurses with Greek tragedies and Greek and Roman history and mythology. I recited the action and described the mythical gods and heroes in no less than a dozen Greek dramas, and at various times I discoursed at length upon the satiric comedies of Aristophanes, the tragedies of Euripides, the naval exploits of the great Themistocles, the eloquence of Demosthenes, the philosophy of Socrates, and the superb sculpture of Praxiteles. Then coming down five hundred years later to the days of Roman grandeur, I quoted many long since forgotten passages from Horace, Vergil and other poets and orators of the Golden Age. I declaimed, almost word for word, a famous oration by Cicero (which I had not read or heard since my school days, and of which I can now recall scarcely a single line), and likewise while raving over the epistolary attainments of Pliny the Younger I repeated the

celebrated letter he wrote to his friend Maximus on the subject of downfallen Greece.

Although the nurses and others who listened were dumfounded at such harangues coming from an invalid, lying at times almost at the point of death, they were not more astonished than I was, and still am, at such abnormal volubility. The night nurse—a patient soul, who bore the brunt of my hallucinations—afterwards told me she had been much alarmed, because she had somewhere read that the lamp of genius often flickers and throws out rays of unusual brilliance just before it expires.

One morning, when I was well on the way to recovery, the head nurse looked in at the door and asked me how the "baby philosopher" was getting along.—"When you get well you must write a book."

I said that was exactly what I intended doing the moment I got strong enough to wield a pencil. By way of encouragement my day nurse—a humorous, high-spirited Colleen—

said it reminded her of an obscure author she once had as a patient. During his illness he ranted constantly about a wonderful story he had just conceived—one that would make him both rich and famous; but a few days later he died without revealing the plot to anyone but herself.

"Bring me a pad and pencil immediately," I ordered. She did so, and most of this narrative was written in bed during the following weeks of convalescence.

CONCLUSION

It is well known that the medical profession is constantly on the alert for any new discoveries that will benefit suffering humanity; and I am told that they welcome suggestions, even from laymen, that may be helpful in achieving this end. One of the habitual aversions that people have to clinics and hospitals is their arbitrary rules and regulations, in complying with which patients feel that they are obliged

practically to relinquish all control over both body and mind. Indeed I once heard a woman remark that she looked on these places as she did on a jail. Doubtless this is an altogether wrong impression; but nevertheless it prevails. We must assume that the first concern of every physician is that his patients have not only the best care but a complacent mind; and one way of helping to accomplish this desire is for surgeons to invent some substitute for adhesive tape. And I wonder if clinics and hospitals intend always to keep castor oil at the head of their diet list.

Furthermore if physicians were to establish a more mutual and candid relationship with their patients, and authorize nurses and other hospital attachés to treat them as rational human beings, possessed of some knowledge of their own feelings—at least to the extent of knowing whether they are getting better or worse—it might help to remedy a condition which I once heard an eminent physician term "an emergent deficiency."

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